

IN THE SUPERIOR COURT OF WASHINGTON  
FOR THE COUNTY OF KING

In the Guardianship of:	)	Case No.:
	)	
_____	)	PETITION FOR ORDER CLOSING
	)	GUARDIANSHIP AND DISCHARGING
	)	GUARDIAN
	)	
_____	)	(PT)

**PETITION AND DECLARATION**

**1. Guardianship History.** The undersigned Guardian was appointed Guardian of the Incapacitated Person on \_\_\_\_\_ (*date*). The Court approved the Final Report of the Guardian on \_\_\_\_\_ (*date*), and ordered that the following steps be taken to effectuate the closure of this Guardianship:

\_\_\_\_\_

**2. Activities by Guardian Since the Entry of the Order Approving Final Report.** Since the entry of the Order Approving the Final Report, the Guardian has completed all of the requirements and conditions set forth by the Court in that Order.

**3. Bond.** A Guardianship bond in the amount of \$\_\_\_\_\_ (*enter 0 if there is no bond in effect*) with \_\_\_\_\_ (*name of insurer on bond*) identified by bond number: \_\_\_\_\_ was filed and approved in this case.

WHEREFORE, the Guardian requests an order.

1. Determining that the Guardianship proceeding of the person and estate is completed.
2. Discharging the Guardian.
3. Exonerating the bond filed in this case, if any:
4. Directing the Clerk of the Court to close this case.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that to the best of my knowledge the statements above are true and correct.

SIGNED AT \_\_\_\_\_, WASHINGTON THIS \_\_\_\_ DAY OF \_\_\_\_\_, 200\_\_

\_\_\_\_\_  
Signature of Guardian/Attorney

\_\_\_\_\_  
Printed Name of Guardian/Attorney, WSBA/CPG#

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone/Fax Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Email Address